



2016 KID QUEST

Are you 4 or 5 years old and not yet in Kindergarten? If so then join our adventure—Kid Quest! The 1.5 hour class will explore cooking, arts & crafts, gross motor skills, outdoor play and other activities. We may even have a special guest visit us! We will accept 12 children per session on a first come first serve basis. Sessions are four weeks long. Kid Quest is a drop off program held at the Rec Center on Thursdays from 11:30AM-1:00PM. To register fill out this form completely and make payment. **NO SPOTS WILL BE HELD.** Proof of residency and/or age may be required. A minimum of six (6) children is required to begin class. Cash or personal checks made payable to “Middlesex Rec. Dept.” are accepted as payment.

THURSDAYS @ REC CENTER 11:30AM—1:00PM

Three sessions are offered in 2016. Child must be 4 years old by the session (s) start date.

SESSION 1

September 15
September 22
September 29
October 6

SESSION 2

October 20
October 27
November 3
November 10— NO CLASS
November 17

SESSION 3

December 1
December 8
December 15
December 22



- Residents: \$40 per session
- Non-residents: \$60 per session

Fee is based upon participant's residence.

KID QUEST FALL/WINTER 2016

KID QUEST! Please print clearly in ink and return to the Recreation Department during office hours or mail to: Middlesex Recreation Dept., 1200 Mountain Ave., Middlesex, NJ 08846. Please make checks payable to “Middlesex Rec Dept.:" We also accept cash.

KID QUEST FALL/WINTER 2016

Child's Name _____ Age _____

Address _____

City/State/Zip _____ DOB ____/____/____

Parent Name: _____ cell# _____

Parent Name: _____ cell# _____

Contact Email _____

Person(s) bringing child to class or picking up from class (use back for more names):

_____ relationship to child _____

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of:

Emergency contact _____ phone# _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from program without reimbursement of fees paid.

Parent signature _____ Date ____/____/____

OFFICE USE ONLY—DO NOT WRITE IN BOX

PAID FOR:

Session 1 Recpt# _____ Date _____

Session 2 Recpt# _____ Date _____

Session 3 Recpt# _____ Date _____